EXHIBIT 10

Saved July 9, 2009

Rec'vd via e-mail w/ two attachments

Original Recipients: To: jsump@ieee.org Cc:

Dear Mr. Sumpter:

This will respond to your letter dated June 11, 2009 requesting a copy of the records relevant to your claim, including a PDF version of the Summary Plan Description, and the Life Insurance Certificate.

You are covered under the Delphi Life and Disability Benefits Program for Salaried Employees. The Disability Benefits Program is provided by Delphi Corporation under the provisions of a self-funded Employee Welfare Benefit Plan as described in the Employee Retirement Income Security Act (ERISA). Metropolitan Life is the claims administrator of the Life and Disability Benefits Program.

Pursuant to your request, attached please find a copy of the publication entitled, Summary Plan Description For Salaried Employees hired on or before December 31, 2000 and/or with a service date on or before December 31, 2000. I have also attached a copy of the Life Insurance Certificate for the Salaried Plan 1998-1999. As you last worked on December 7, 2000, this is the agreement under which you were covered.

I hope this information will be of assistance to you. However, if you have any additional questions, please feel free to contact me in writing at: Metropolitan Life Insurance Company, National Benefit Center, Correspondence and Claims Review, Litigation & Appeals, P.O. Box 5164, Southfield, MI 48086-5164.

Metropolitan Life reserves all rights, limitations, exclusions and defenses available under the Program and ERISA. Nothing in this letter shall be construed as a waiver thereof.

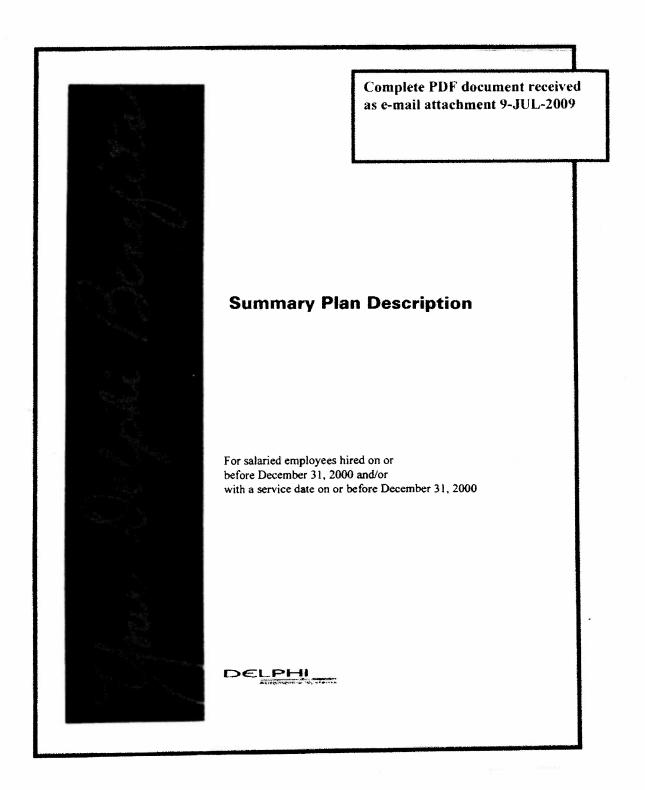
Sincerely,

Peggy A. Martin Litigation and Appeals Analyst Met_LLET - V

(See attached file: Delphi Summary Plan Description_(PRE)Hired or service date on or before 12-31-2000.pdf) (See attached file: 1998 Salaried Combo Cert-final.pdf)

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> Complete PDF document received as e-mail attachment 9-JUL-2009

MetLife

Metropolitan Life Insurance Company

A Mutual Company Incorporated in New York State

Certifies that under and subject to the terms and conditions of the Group Policies issued to the Policyholder, coverage is provided for each Employee as defined herein.

The date when an Employee is eligible for coverage is set forth in the form with the title Eligibility for Benefits

The date when an Employee's Personal Benefits become effective is set forth in the form with the title Effective

The date when an Employee's Dependent Benefits become effective is set forth in the form with the title Effective Dates of Dependent Benefits

The amounts of coverage are determined by the form with the title Schedule of Benefits.

Metropolitan Life Insurance Company,

Policyholder:

DELPHI AUTOMOTIVE SYSTEMS CORPORATION

Group Policies Nos.

95746-G Basic Life Insurance, Accidental Death Insurance

95761-G Optional Life Insurance Dependent Life Insurance

95763-G

Salaried Plan

May 28, 1999

Accelerated Benefits may be taxable. If so, You or Your Beneficiary may incur a tax obligation. As with all tax matters. You should consult Your personal tax advisor to assess the impact of this benefit

If any prior certificate relating to the coverage set forth herein has been given to the Employee, such certificate is void.

Form G.23000-Cert.-1